



CITY OF HEREFORD.

1928.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

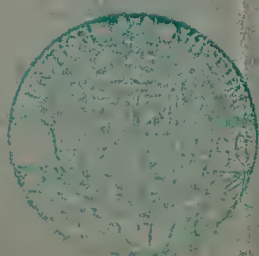
AND OF THE

SCHOOL MEDICAL OFFICER.

HEREFORD :

Printed by Wilson & Phillips, Aubrey Street,

1929.





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OF THE

MEDICAL OFFICER OF HEALTH

AND OF THE

SCHOOL MEDICAL OFFICER

BY

A. MIDDLETON BROWN,

M.A., M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH ;

MEDICAL SUPERINTENDENT OF THE CITY ISOLATION HOSPITALS

MEDICAL OFFICER TO THE MATERNITY AND CHILD WELFARE CENTRE;

AND SCHOOL MEDICAL OFFICER.

HEREFORD :

Printed by Wilson & Phillips.

CITY OF HEREFORD.

Health Committee :

Councillor T. W. GOODWIN, Mayor.

Alderman E. L. WALLIS, Chairman.

Councillor A. E. BERRY.

Councillor Mrs. L. H. LUARD, M.B.E.

Councillor J. R. BULMAN,
M.B., Ch.B.

Councillor J. A. PRICHARD.

Councillor A. KEAR.

Councillor F. LEWIS SMITH.

Maternity and Child Welfare Committee :

MEMBERS OF THE HEALTH COMMITTEE, with Mesdames S. E.
ALLCOCK, C. A. J. BRITTEN, E. F. BULMER, F. JACKSON, G. MINES,
and Miss M. KRABBÉ.

Housing Acts Committee :

Councillor T. W. GOODWIN, Mayor.

Alderman G. B. GREENLAND, Chairman.

Councillor J. R. BULMAN,
M.B., Ch.B.

Councillor Mrs. L. H. LUARD, M.B.E.

Councillor P. G. JAMES.

Councillor A. E. POWER.

Councillor A. KEAR.

Councillor F. LEWIS SMITH.

R. BATTERSBY, Town Clerk.



HEALTH DEPARTMENT,
TOWN HALL,
May, 1929.

**To the Right Worshipful the Mayor, Aldermen and
Councillors of the City of Hereford.**

I have the honour to submit the Annual Report on the Health of the City for the year 1928 as required by the Sanitary Officers' Order, 1926, and the report of the School Medical Service for the same period.

SANITATION.—The work of securing the provision of approved sanitary dustbins has continued throughout the year.

HOUSING.—During 1928, 56 houses were completed by private enterprise and a commencement was made with the erection of 12 two-bedroomed houses in Stonebow Road as part of a municipal housing scheme. I have reason to believe that there is still a large amount of overcrowding in the city. Many houses built with accommodation and conveniences suitable for one family are occupied by two or more families. It is significant that out of 121 cases of Scarlet Fever which occurred during the year, 33 cases occurred in houses occupied by more than one family.

STATISTICS.—The Death Rate for 1928 was 14·0, the Birth Rate 16·2, and the Infantile Mortality Rate was 54·3. The corresponding figures for England and Wales were Death Rate 11·7, Birth Rate 16·7, and Infantile Mortality Rate 65. The Registrar General has estimated the population at the middle of 1928 to be 23,820 and the vital statistics have been worked out on this population. The Registrar General's figure for the population in 1927 was 24,980

INFECTIOUS DISEASE—The prevalence of Scarlet Fever of a mild type continued during the first half of the year and during that period Diphtheria of a highly virulent type was also prevalent. This is dealt with in the body of the report.

SCHOOL MEDICAL SERVICE.—Routine Medical Inspection of 1,096 children was carried out during the year. There has been no alteration in the arrangements made for treatment.

In conclusion I have to offer you my heartfelt thanks for the kind consideration shown to me during my illness. At that time the work of the Department was carried out by Dr. Wood Power. I have to acknowledge the sympathetic consideration you have given to all matters I have laid before you.

I am, Gentlemen,

Your obedient Servant,

A. MIDDLETON BROWN, M.D.

CITY OF HEREFORD.

1928

GENERAL STATISTICS.

Area	...	...	...	...	...	5,031 acres
Population (1921)	...	...	...	...	...	23,250
Estimated Population to the middle of 1928	...	...	...	...	...	23,820
Number of Inhabited Houses (1921)	...	...	...	...	...	5,217
Number of Families or Separate Occupiers (1921)	...	...	...	...	...	5,566
Rateable Value	...	...	...	...	...	£150,642 12s. 6d
Sum represented by a Penny Rate (March 1928)	...	...	...	...	...	£559 17s. 3½d.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Births.—Legitimate	361	185	176
Illegitimate	26	12	14
Birth Rate as given by Registrar-General	...	...	16·2
	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Deaths	334	171	163
Death Rate as given by Registrar-General	...	...	14·0
Number of Women dying in, or in consequence of Child Birth :—			
(1). From Sepsis	...	...	0
(2). From other causes	...	...	1
Deaths of Infants under one year per 1,000 Births	...	...	54·3
Legitimate, 19. Illegitimate, 2. Total, 21.			
Deaths from Measles, all ages	...	...	0
,, Whooping Cough, all ages	...	...	0
,, Diarrhoea, under two years of age	...	...	3

GENERAL PROVISION OF HEALTH SERVICES.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.

A. (1) **Fever.**—The City Isolation Hospital is situated at Tupsley near the City Boundary. The original buildings which are of a temporary nature have been in existence since 1893. The total accommodation originally provided was 32 beds but on the scale of 144 square feet per patient in the wards, there is accommodation for 16 beds only. During the year, sculleries were added to the two

ward blocks and a discharge block for diphtheria cases was built. The Council are considering the question of Isolation Hospital Accommodation in the area following a report by the Hospital Sub-Committee of the Health Committee.

(2) **Smallpox.**—The Smallpox Hospital is situated near the City Fever Hospital, and has accommodation for 12 patients.

B. (1) **Tuberculosis.**—Nieuport House Sanatorium, 62 beds (34 adults and 28 children).

(2) **Maternity.**—None.

(3) **Children.**—None.

(4) **Orthopædic.**—There are twenty beds (10 male and 10 female) in the Orthopædic Wards at the Herefordshire General Hospital.

(5) **Other.**—Apart from the Workhouse and Childrens' Home provided by the Board of Guardians, there is no institutional provision for unmarried mothers, illegitimate infants, and homeless children in the City. There is an Orphanage for Roman Catholic children, and also an Industrial School for Boys in the City.

Ambulance Facilities.—(a) The Local Authority owns a horse-drawn Ambulance for infectious cases.

(b) A private motor ambulance is available for hire in the City for non-infectious cases, and the Rural District Council motor ambulance for infectious cases is available for long distance journeys. A hand ambulance for accident cases is owned by the Local Authority.

Clinics and Treatment Centres :—

<i>Name.</i>	<i>Situation.</i>	<i>Nature of Accommodation.</i>	<i>By whom founded.</i>
Maternity and Child Welfare Consultations.	St. Owen Street adjacent to Town Hall	Waiting Room. Weighing Room. Consultation Room.	Hereford U.D. Local Authority.
School Clinic for Minor Ailments.	Town Hall.	Waiting Room. Inspection and Treat- ment Rooms. Record Office.	Hereford U.D. Local Authority.
School Clinic for Dental and Refraction work	St. Owen Street, adjacent to Town Hall.	Waiting Room. Operating Room. Recovery Room. Dark Room.	Hereford U.D. Local Authority.
Tuberculosis Dis- pensary.	St. Peter Street.	Consulting Room Waiting Room.	Herefordshire County Council.
V.D. Centre.	Hereford Union Infirmary. Isolation Block.	1 Kitchen. 1 Treatment Room. 2 Waiting Rooms. Irrigating Room. Lavatory Accom- modation,	Herefordshire County Council.

PUBLIC HEALTH STAFF.

NAME.	Qualifications.	Office held.	Whole or Part time.	Salary contributed to P.H.A. or by Exchequer	Other Public Office.
A. MIDDLETON BROWN ..	M.A., M.D., Ch.B., D.P.H.	Medical Officer of Health ..	Part ..	Yes ..	School Medical Officer, Medical Superintendent of Isolation Hospitals. Police Surgeon.
W. T. RIGBY ..	F.I.C.	City Analyst ..	Part ..	—	—
S. PROTHEROE ..	Cert. R.S.I.	Sanitary Inspector, Inspector under Sale of Food and Drugs Acts, and Housing Act ..	Whole ..	Yes ..	—
T. W. BERISFORD ..	—	Sanitary Assistant ..	Whole ..	No ..	—
MISS G. CLARKE ..	Trained Nurse Cert. R.S.I. (Ministry of Health) Cert. C.M.B.	Health Visitor ..	Part ..	Yes ..	School Nurse.
MISS M. M. SCOURFIELD	Trained Nurse Cert. C.M.B.	Health Visitor ..	Part ..	Yes ..	School Nurse.
MISS E. M. TARBUTT ..	Trained Nurse Cert. R.S.I. Cert. C.M.B.	Health Visitor ..	Part ..	Yes ..	School Nurse.
MISS D. BURN ..	—	Clerk ..	Part ..	No ..	Clerk in School Medical Department.
W. J. TUDOR ..	—	Clerk ..	Whole ..	No ..	—
*MISS C. BUDINGER ..	—	Matron, Isolation Hospital ..	Whole ..	No ..	—
E. GOODE ..	—	Disinfecter ..	Whole ..	No ..	—
†A. ENGLAND ..	—	Abattoir Superintendent ..	Whole ..	No ..	—

* In addition to the Matron, the female staff of the Isolation Hospital consists of five nurses, a cook, a laundrymaid, and a ward maid.
† Deceased. Succeeded by G. Davies.

Nursing in the Home.—(a) District Nursing is carried out by the staff of the Hereford City Nursing and Maternity Society.

(b) There are no special arrangements for the home nursing of infectious disease in the homes; the School Nurses visit children who are known to be suffering from infectious diseases, such as measles, whooping cough, etc., and give directions to the parents as required.

Midwives :—The 14 Midwives practising in the City are under the supervision of the County Public Health Department.

Maternity and Nursing Homes : There are six private Nursing Homes in the City. The County Council is the Registration Authority for Maternity and other Nursing Homes in the City.

Maternal Mortality :—See page 30.

LEGISLATION IN FORCE.

The following Acts, Adoptive Acts, Byelaws and Local Regulations, relating to the Public Health are in force in the District :—

The Hereford Improvement Act, 1854 and 1872.

The Infectious Disease (Prevention) Act, 1890. (April, 1891).

The Public Health Acts Amendment Act, 1890 (Parts 2, 3, and 4). (April, 1891).

The Public Health Acts Amendment Act, 1907, Part 1; Sections 15 and 16, 18 to 24, 26 to 33, of Part 2; Sections 34 to 37, 43, 45 to 51, of Part 3; Parts 4, 5, and 6; Sections 78 to 81, 83 to 86, of Part 7. Parts 8, 9, and 10 (April, 1910).

The Public Health Act, 1925. Parts 2, 3, 4, and 5. (January, 1927).

Byelaws.

Good Rule and Government and Prevention of Nuisances. (1903).

Slaughterhouses. (Public). (1866).

Slaughterhouses. (1903).

Management of the Public Slaughterhouses. (1916).

Cattle, Poultry, Butter, Fish, Vegetable and Butchers' Markets. (1871 and 1879).

Cleansing of Footways and Pavements, the Cleansing of Earth Closets and Cesspools and Removal of House Refuse. (1903).

Nuisances. (1903).

Common Lodging Houses. (1903).

Offensive Trades. (1903).

Pleasure Grounds and Open Spaces. (1910).

Regulating the Employment of Children and Young Persons. (1920).

Regulations for preventing waste, misuse, undue consumption or the contamination of Water. (1900).

Tents, Vans, Sheds, and Similar Structures. (1922).

New Streets and Buildings. (October, 1926).

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

A number of aged and corroded water mains have been taken up and replaced with new mains.

Samples of the town water have been examined from time to time bacteriologically and found satisfactory, typical *B. Coli* being absent in 100 c.c.

There are 73 houses in the City supplied by 43 wells. Of these, 57 are outside the system of the town mains.

The districts are as follows:—

	<i>Houses.</i>	<i>Wells.</i>
Hundertton	1	1
Grafton and Red Hill	7	6
Bullingham	15	7
Putson	14	7
Hampton Park and Tupsley	7	4
Aylestone Hill	2	2
Canon Moor	4	2
King's Acre and Huntington	18	11
Holmer	4	2
Westfields	1	1
	<hr/> 73	<hr/> 43
	<hr/>	<hr/>

During the year seven samples of water from four wells were submitted for chemical examination. The water in three wells was satisfactory and that in the other was polluted. This was due to drainage defects which were remedied. The well was cleaned out and a further analysis showed no evidence of pollution.

The town water was laid on to one house where the well was dispensed with.

RIVERS AND STREAMS.

The condition of the Widemarsh and Tan Brooks was under consideration by the Health Committee at the end of the year, and tenders had been invited for removing all rubbish, weeds, and other obstacles which were likely to impede the free flow of the water.

One case of pollution of the River Wye was abated during the year by diversion of house drainage into the public sewer.

DRAINAGE AND SEWERAGE.

There were no extensions of the sewerage system during the year.

Three houses, the drainage of which discharged other than into the public sewer, were connected up during the year.

Several new dwelling houses have been built in the King's Acre district beyond the area served by the City sewers. These houses are drained into cesspools, and the time is now ripe for an extension of the City sewerage system in this area as further building is likely in the near future.

CLOSET ACCOMMODATION.

One conversion from the conservancy system to the water-carriage system was carried out during the year.

The following list shows the number of houses and types of closets in the outlying districts at the end of the year. Except in a few instances the houses are outside the City sewerage system, and are not situated in populous or closely-built centres.

<i>District.</i>	<i>Houses.</i>	<i>Privies.</i>	<i>Pail Closets.</i>	<i>Earth Closets.</i>
Hunderton and Belmont Road	5	3	2	0
Breinton and Broomy Hill	7	1	5	1
Grafton and Red Hill ...	4	1	4	0
Bullingham	10	3	5	0
Putson	15	4	9	0
Hampton Park and Tupsley	27	2	19	2
Aylestone Hill	13	3	6	4
Canon Moor	4	0	4	0
King's Acre and Huntington	20	6	15	1
Holmer	15	7	9	1
Westfields	4	1	4	0
Other Districts	9	1	8	0
	<hr/> 133	<hr/> 32	<hr/> 90	<hr/> 9
	<hr/>	<hr/>	<hr/>	<hr/>

SCAVENGING.

There has been no necessity for any extension of the methods of scavenging or refuse disposal, but great progress is being made in respect to the substitution of galvanised bins with covers for unsuitable receptacles.

In July, 1927, the Town Council resolved to require the owners of all houses and business premises, the rateable value of which is under £20, to provide galvanized iron receptacles for refuse, with adequate and proper lids, and to require occupiers to provide the same where the rateable value is £20 or more. During that year 619 notices were served in respect to 1290 houses and premises, and during 1928, 532 were served in respect to 1229 houses and premises.

All new houses are provided with ashbins.

Refuse is collected weekly and in some districts bi-weekly, under the supervision of the City Surveyor, and is dealt with at the Destructor.

The cleansing of earth closets, privies, and cesspools is carried out by the occupiers of the houses under the Bye-laws with respect thereto.

SANITARY INSPECTION OF THE AREA.

(a). Particulars of visits and inspections made by the Sanitary Inspector and Assistant during the year are as follows :—

Nuisances and Work in Progress	...	...	1062.
Re Ashbins	...	...	2902.
Housing Act	...	...	138.
Infectious Disease	...	...	340.
Factory and Workshop Act	...	...	171.
Bakehouses	...	...	51.
Dairies, Cowsheds and Milkshops	...	...	65.
Public Abattoir	...	...	105.
Food-Preparing Places	...	...	143.
Stables and Piggeries	...	...	24.
Offensive Trades	...	...	19.
Schools and Public Buildings	...	...	32.
Public Conveniences	...	...	99.
Miscellaneous	...	...	84.
Total			5235

(b) The following table shows the number of notices served and complied with .—

Statute or Byelaw.	Notices not complied with at end of 1927.	Notices served 1928.		Complied with 1928.	Notices not complied with at end of 1928.
		Informal	Statutory.		
Public Health Acts ...	36	348	3	367	20
Housing Act ...	—	—	—	—	—
Factory and Workshop Act ...	—	19	—	18	1
Milk and Dairies Order	—	38	—	38	—
City Byelaws ...	—	9	—	9	—
Totals ...	36	414	3	432	21
		417			

The notices served under the Public Health Acts do not include the 532 notices served requiring the provision of sanitary ash-bins referred to under the heading Scavenging.

In addition to the above notices, 297 letters were written by the Inspector, and 70 reports made to other Departments. One hundred and thirty reports dealing with infectious disease, and 34

dealing with miscellaneous matters including housing, overcrowding, nuisances, unsound food, etc., were made to the Medical Officer of Health.

There were 188 complaints investigated and twelve water and three smoke tests applied to drainage.

DEFECTS AND NUISANCES.

DRAINAGE.

Obstructed drains opened and cleansed	...	...	71
Defective drainage repaired or relaid	...	...	43
Houses with insufficient drainage, extra provided	...	...	3
Houses connected to Public Sewer	...	...	3
Glazed stoneware gulley traps fixed	...	...	31
Drains removed from inside or underneath houses	...	...	4
Drainage disconnected from River Wye	...	...	1
Intercepting traps fixed	...	...	9
Inspection chambers constructed	...	...	14
Inspection chambers repaired	...	...	7
Ventilating shafts fixed or repaired	...	...	8

WATER-CLOSETS, PRIVIES AND URINALS.

Obstructions to W.C.'s removed	...	...	31
Dirty basins of W.C.'s cleansed	...	...	13
W.C.'s repaired or erected	...	...	44
Insufficient accommodation, extra W.C.'s erected	...	...	4
W.C.'s removed from cellars and kitchens	...	...	5
Pedestal basins fixed	...	...	39
New " Wash down " basins fixed	...	...	17
Water supply provided to W.C.'s	...	...	22
Flushing apparatus repaired or new provided	...	...	75
Ventilation provided to W.C.'s	...	...	4
Dirty walls of W.C.'s limewashed	...	...	39
Privies and pail closets abolished	...	...	1
Urinals repaired and cleansed	...	...	6

DWELLING HOUSES, Etc.

Houses closed under Closing Orders	...	...	9
Houses demolished voluntarily or under Demolition Orders	...	...	11
Buildings not constructed for habitation discontinued	...	...	—
Dilapidated and dirty houses repaired and cleansed	...	...	41
Damp courses inserted	...	...	—
Roofs repaired	...	...	32
Spouting repaired or new provided	...	...	43
Chimneys and fireplaces repaired	...	...	17
Floors relaid or repaired	...	...	32
Doors repaired or new provided	...	...	19
Staircases and windows repaired	...	...	44

Ventilation provided to bedrooms	...	...	...	2
Food pantries provided	...	...	...	4
Galvanised refuse bins provided	...	..	...	1576
Town water supply laid on to houses	...	...	...	1
Wells cleaned out	...	...	...	1
Yards and passages paved or repaired	...	...	...	10
Washhouses repaired or erected	...	...	...	21
Washing Boilers provided	...	...	...	3
Dirty walls of washhouses limewashed	...	...	...	14

SINKS AND WASTE-PIPES.

Dilapidated sinks repaired	...	...	...	25
New glazed stoneware sinks fixed	...	...	...	12
Waste-pipes repaired or new provided	...	...	...	14
Waste-pipes and rain-water pipes disconnected over gullies	...	...	...	7

KEEPING OF ANIMALS AND MANURE.

Nuisances from poultry and animals abated	...	...	...	21
Accumulations of manure and refuse removed	...	...	...	30
Manure and refuse pits abolished	..	...	...	2

MISCELLANEOUS.

Contraventions of Byelaws in respect to Tents and Vans	...	...	...	6
Verminous bedding destroyed	...	...	...	2
Dairies and Cowsheds limewashed after notice	...	...	...	76
Town water laid on to Dairies	...	...	...	1
Improved arrangements provided for cleansing milk vessels, etc.	...	...	...	2
Bakehouses cleansed after notice	...	...	...	5
Food preparing places cleansed after notice	...	...	...	9
Workshops cleansed after notice	...	...	...	9
Miscellaneous nuisances abated	...	...	...	49

SMOKE ABATEMENT.

During the year a letter was sent to one manufacturer drawing attention to a contravention of the Public Health Act, 1875, as amended by the Public Health (Smoke Abatement) Act, 1926, by sending forth smoke from a chimney in such quantity as to be a nuisance. Further observations showed an improvement in the density of the smoke.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS.

There are no Registered Common Lodging Houses in the City. There are a few houses which are let in lodgings, but byelaws have not been adopted with respect to these. Byelaws as to Tents, Vans,

Sheds, etc., were adopted in 1922, and during the year action was taken in 6 instances in connection with water supply and conveniences. Action was also taken in 3 instances for contraventions of the Byelaws with respect to Nuisances.

There are three tripe boilers, a gut scraper, and two hide and skin depots in the City. No action has been necessary under the Byelaws with respect to Offensive Trades.

There being no underground sleeping-rooms, it is not necessary to make regulations under Section 18 of the Housing Act, 1925.

SCHOOLS.

It was not found necessary to close any Schools during the year owing to Infectious Disease. One Public Elementary School and one Private School were cleansed and disinfected under the supervision of the Health Department after the occurrence of a series of cases of infectious disease. The drainage of St. John's School was inspected and some minor repairs recommended. The work was carried out by the Managers immediately.

RAG FLOCK ACTS, 1911 AND 1928.

There are no premises in the City on which rag flock is manufactured.

Two samples of rag flock were collected and submitted to the City Analyst for analysis, who certified them to conform to the standard of cleanliness laid down in the Regulations of 1912.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTOR.

<i>Premises.</i> (1)	<i>Number of</i>		
	<i>Inspections</i> (2)	<i>Written Notices.</i> (3)	<i>Occupiers prosecuted.</i> (4)
FACTORIES	16	8	1
(Including Factory Laundries)			
WORKSHOPS	145	10	—
(Including Workshop Laundries)			
WORKPLACES	10	1	—
(other than Outworkers' Premises) ..			
TOTAL	171	19	1

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	9	9	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	9	9	—	—
Sanitary accommodation :—				
Insufficient	1	1	—	—
Unsuitable or defective	2	2	—	—
Not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bake-houses (s 101)	—	—	—	—
Other offences	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
TOTAL	21	21	—	—

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

3.—OUTWORK IN UNWHOLESOME PREMISES, SECTION 108. NIL.

During the year proceedings were instituted against the occupier of a bakehouse for allowing it to be on sanitary grounds unfit for use or occupation as a bakehouse. The summons was however, withdrawn, the conditions having been improved.

LEGAL PROCEEDINGS.

No. of Summonses	Statute under which proceedings were instituted.	OFFENCE.	Fines		Costs		REMARKS
			£	s. d.	£	s. d.	
1	Public Health (Meat) Regulations, 1924 ..	Failing to cause meat to be adequately protected by means of a clean cloth or other suitable material	0	5 0	—	—	
1	Ditto	Ditto	0	5 0	—	—	
5	Housing Act, 1925 ..	Failing to comply with notices to cease to inhabit dwelling-houses against which Closing Orders had become operative	—	—	—	—	Orders made to quit.
3	Ditto	Failing to obey Justice's Order to cease to inhabit as above ..	—	—	—	—	One Order obeyed, two adjourned.
1	Factory and Workshop Act, 1901 ..	A room or place occupied and used as a bakehouse in such a state as to be on sanitary grounds unfit for use and occupation as a bakehouse	—	—	—	—	Summons withdrawn, occupier having carried out requirements.

HOUSING STATISTICS FOR THE YEAR 1928.

Number of New Houses erected during the Year :—

(a)	Total (including numbers given separately under (b)	56
(b)	With State assistance under the Housing Acts—	
(1)	By the Local Authority	Nil.
(2)	By other bodies or persons	34

1. Inspection of Dwelling Houses during the Year :—

(1).	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	398
(2).	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	14
(3).	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	9
(4).	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	14

2. Remedy of Defects during the Year without Service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	41
--	----

3. Action under Statutory Powers during the Year :—

A.—Proceedings under Section 3 of the Housing Act, 1925 :—

(1).	Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2).	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners	—
(b)	By Local Authority in default of owners ...	—
(3).	Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—

B. Proceedings under Public Health Acts :—

(1).	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	43
(2).	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a)	By owners	—
(b)	By Local Authority in default of owners ...	—

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1).	Number of representations made with a view to the making of Closing Orders	9
(2).	Number of dwelling-houses in respect of which Closing Orders were made	9
(3).	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	1
(4).	Number of dwelling-houses in respect of which Demolition Orders were made	9
(5).	Number of dwelling-houses demolished in pursuance of Demolition Orders	8

Three houses in respect of which Closing Orders were made were demolished without the making of Demolition Orders.

The appeal against a Demolition Order made in 1917 and allowed by the Ministry of Health to stand over until May 1928, was allowed to be withdrawn on the understanding that when the owner obtained possession of the houses on either side he would demolish the three.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

The average composition of the samples of Milk produced within, or brought into the City, purchased under the Sale of Food and Drugs Act during the year, was :—

		<i>Quarter ending</i>			
		<i>March.</i>	<i>June.</i>	<i>September.</i>	<i>December.</i>
Solids not Fat	...	8·8	8·9	8·7	8·54
Fat	... ..	3·3	3·3	3·6	3·76
Total Solids	... ..	12·1	12·2	12·3	12·30

The minimum required by the Sale of Milk Regulations, 1901, is :—Solids not fat, 8·5, and fat, 3 per cent. The City Analyst reported the whole of the samples to be genuine and free from preservatives, artificial colouring matter, and excessive amounts of extraneous dirt.

MILK AND DAIRIES ORDER, 1926.

At the end of the year there were the names of 75 retail purveyors of milk and 38 cowkeepers, dairymen and wholesale purveyors of milk, and the addresses of 44 dairies on the registers. Of the 75 retail purveyors, 29 come from outside the City, and 19 of the 38 wholesale purveyors.

In September circular letters were sent, drawing attention to the requirements in regard to limewashing cowsheds and dairies.

In April, 1927 a joint appointment of a full-time Veterinary Officer was made by the County Council and City Council, his duties on behalf of the City Council to include the following work—

- (a) Under the Tuberculosis Order, 1925.
- (b) Under the various Orders and Acts with reference to the Diseases of Animals.
- (c) to be responsible for the inspection of Markets.
- (d) to act as Veterinary Officer for and on behalf of all Departments of the City Council.
- (e) to carry out all such duties under the Milk and Dairies Acts and Orders for and on behalf of the City Council as may be arranged between the County and City Councils (it is understood that within the City boundaries all work, other than the actual prosecutions of any offenders under these Acts and Orders, will be carried out under the direct control of the City Authority).
- (f) to carry out generally all such other duties as may be required.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

During the year, notice was given to the Medical Officer of Health of the County under Section 4, of the result of a bacteriological examination of a sample of milk produced outside the area of this authority, which showed typical tuberculosis lesions on post-mortem examination of the animal inoculated with the centrifugalised deposit of the specimen. Investigations were made but were not completed at the end of the year. Cattle found to be tuberculous at the Public Abattoir are dealt with by the Health Department, the carcasses or portions being destroyed at the Refuse Destructor.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

There is one retailer of Certified Milk in the City. This milk is produced under licence from the Ministry of Health at premises outside the City. There is also one retailer of "Grade A" milk, produced outside the City.

BACTERIOLOGICAL EXAMINATION OF MILK.

The City Council in September 1926 authorised a scheme for the submission of samples of milk (not exceeding ten in any one year) to the Clinical Research Association for complete bacteriological examination under Section 10 of the Milk and Dairies (Consolidation)

Act, 1915. The scheme was approved by the Ministry of Health in November, 1926. and ten samples were taken during the year 1928.

The following is the report :—

				<i>Bacillus</i>	<i>Coli in</i>		
				1	1		
				—	—		
				100 cc.	1000 cc.		
						<i>Tubercle</i>	
						<i>Bacilli.</i>	
<i>Bacteria per cc.</i>							
No. 1	... 55,000 ...	...	—	—	...	—
No. 2	... 36,666 ...	...	—	—	...	—
No. 3	... 86,333 ...	...	+	—	...	—
No. 4	... 47,666 ...	...	—	—	...	—
No. 5	... 45,666 ...	...	—	—	...	—
No. 6	... 237,000 ...	...	+	+	...	—
No. 7	1,980,000 ...	...	+	+	...	—
No. 8	1,755,000 ...	...	+	+	...	+
No. 9	503,000 ...	...	+	—	..	—
No. 10	5,700,000 ...	...	+	+	...	—

(b) MEAT AND OTHER FOODS.

There are no private slaughterhouses in the City, the last one being closed in 1914 under the Hereford Improvement Act, 1872.

All meat slaughtered at the Public Abattoir is inspected and the following diseased or unsound conditions were found during the year. The carcasses, or portions, were voluntarily surrendered and were destroyed at the Destructor.

In the case of a cow, it was necessary to obtain a Justice's Order for the destruction of the two fore quarters owing to delay in surrendering.

COWS AND HEIFERS—

Tuberculosis (general)	...	...	...	3
do. (local)	...	...	...	3
Dropsy	...	..	...	4
Johne's Disease	...	...	...	3
Hæmorrhage	...	...	...	1
Abscesses	...	...	...	11
Decomposition	...	...	...	1
Injury	...	...	..	5

BULLS AND BULLOCKS—

Tuberculosis (general)	...	...	...	2
Injury	...	...	...	3

CALVES—

Papillomata	...	...	...	1
Immaturity	...	...	...	2
Abscesses	...	...	..	3

SHEEP AND LAMBS—

Dropsy ...	...	...	...	...	6
Pneumonia ...	...	...	...	...	7
Hæmorrhage ...	...	...	...	...	1
Abscesses ...	...	...	...	...	6
Emaciation ...	...	...	...	...	8
Injury ...	...	...	...	...	13

PIGS—

Tuberculosis	21
Pneumonia	13
Abscesses	5
Emaciation	1
Injury	3

DEER—

Decomposition	1
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The Public Abattoir is under the supervision of a resident manager who, in addition to seeing that Byelaws with respect thereto are carried out, personally uses the humane killer. The following are particulars of the number of animals slaughtered at the abattoir during the year :—Beeves, 2,754; Calves, 825; Sheep, 7,767; Lambs, 6,948; Pigs, 5,879 and 1 Goat; total 24,174 as compared with 21,595 in 1927.

The Medical Officer of Health and the Sanitary Inspector have been duly authorised by the Authority under Article 4 of the Public Health (Meat) Regulations, 1924, for the purpose of ascertaining whether the Regulations are being observed.

Frequent observations are kept upon butcher's shops, stalls, and vehicles, and places where food is prepared. Written cautions were sent to four persons in respect to the covering and transport of meat from the Public Abattoir. The depositing and sale of meat was discontinued at two premises which were unsuitable for the carrying on of the business, and in two instances improvements were carried out in respect to the sanitary conveniences and premises generally. Copies of the Regulations were sent to three persons newly commencing the sale of meat.

OTHER FOODS.

The following unsound food was voluntarily surrendered for destruction :—114 turkeys weighing 10 cwt. 3 qrs. 24 lbs.; 5 boxes of kippers; 19 lobsters; 10 crabs; 2 tins of prawns, and 24 lbs. of tomatoes; in addition the following preserved food stuffs were voluntarily surrendered :—22 tins of meat; 21 of milk; 3 of cream; 61 of fruit; 30 of tomatoes; 4 of pickles, and 19 of fish.

(c) ADULTERATION, &c.

The following table shows the number and nature of the articles submitted to the Public Analyst during the year ending 31st December, 1928, and the result of the analysis :—

ARTICLES.	Number purchased		Number genuine		Number adulterated	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk	13	8	12	7	1	1
Condensed Milk	—	2	—	2	—	—
Cream	—	6	—	6	—	—
Butter	—	6	—	6	—	—
Margarine ...	—	3	—	3	—	—
Lard	—	3	—	3	—	—
Cheese	—	1	—	1	—	—
Coffee	—	1	—	1	—	—
Pepper	—	1	—	1	—	—
Rice	—	1	—	1	—	—
Lemonade Crystals		2	—	2	—	—
Drugs	—	3	—	3	—	—
Totals	13	37	12	36	1	1
	50		48		2	

OBSERVATIONS.

MILK.—All the samples were free from preservative, artificial colouring matter and excessive amounts of extraneous dirt. Two samples were slightly below the limit in solids-not-fat.

The average composition of the samples was :—

		Quarter ending			
		March	June	Sept.	Dec.
Solids-not-fat	...	8·8	8·9	8·7	8·54
Fat	... ..	3·3	3·3	3·6	3·76
Total Solids	... ..	12·1	12·2	12·3	12·30

CONDENSED MILK.—The two samples were genuine and conformed to the requirements of the Public Health (Condensed Milk) Regulations, 1923.

CREAM.—The samples were all free from preservatives and thickening substances and had a fat content of 25, 54, 58, 59 (2) and 60 per cent. respectively.

BUTTER.—These were all free from preservatives and admixture with foreign fats. The moisture content varied from 10 per cent. to 14·1 per cent.

MARGARINE.—One sample contained 15·6 per cent. of moisture. The legal limit is 16 per cent.

LEMONADE CRYSTALS.—The two samples were each coloured with an aniline dye but were free from injurious metals and prohibited colours.

DRUGS.—These were genuine and complied with the requirements of the British Pharmacopœia.

OTHER ARTICLES.—All these were genuine and of good quality.

SALE OF FOOD AND DRUGS ACT, 1899.

No wholesale dealers in Margarine or Margarine Cheese were registered during the year, and there are four premises registered wherein the business of the former is carried on.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923 AND 1927.

One sample of Condensed Full Cream Milk and one of Condensed Machine Skimmed Milk were submitted for analysis and were found to be genuine and to comply with the Regulations as regards labelling.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS.

1. MILK AND CREAM NOT SOLD AS PRESERVED CREAM.

		<i>Number of samples examined for the presence of a preservative.</i>			<i>Number in which preservative was reported to be present.</i>	
Milk	21	...	...	Nil.
Cream	6	...	...	Nil.

2. CREAM SOLD AS PRESERVED CREAM.

(a). Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct - - - Nil.

(b). No instances have come to the knowledge of the Department where (apart from analysis) the requirements as to labelling or declaration of preserved cream have not been observed.

3. THICKENING SUBSTANCES.

There was no evidence of their addition to the samples of Cream.

Visits were paid to premises where ice cream is manufactured and generally the conditions were satisfactory.

(d) CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

There are no laboratories in the area for carrying on work of this nature.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

A supply of Diphtheria Antitoxin is available free of charge to all necessitous cases. This can be obtained at the Health Department, or after office hours at the City Police Station. During the year 604,000 units were supplied to such cases.

There were no cases of Dysentery or Trench Fever. A case of Malaria which was contracted abroad was notified during the year.

Bacteriological examinations are carried out at the County Health Department. These include the examination of swabs for Diphtheria—sputum for Tuberculosis—and blood for Widal reaction. There are no facilities for investigation by animal inoculation. Wasserman reactions are carried out at the Birmingham University. Specimens of Diphtheria cultures are sent to Birmingham University for virulence tests.

Reports on specimens submitted by Medical Practitioners from City patients are sent to the Medical Officer of Health of the City for his information. This is useful in controlling the notification of such diseases as Diphtheria, Tuberculosis and Enteric Fever.

The following table gives a summary of the work done for the City during the year 1928 :—

			<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>
For Diphtheria Bacilli	...	...	230	644	874
„ Typhoid Bacilli	...	...	1	9	10
„ Tubercle Bacilli—					
(1) Sputum	...	...	19	137	156
(2) Urine	...	...	—	2	2
„ Gonorrhœa (including specimens from V.D. Clinic)	...	...	9	36	45
Urine for—					
(1) Albumen	...	...	—	4	4
(2) Pus	...	...	—	4	4
(3) Sugar	...	...	—	3	3
(4) Casts	...	...	—	7	7
Totals	...	...	959	846	1,105

A list of all contacts is made of cases of infectious disease. In the case of Diphtheria, the contacts are examined bacteriologically for the carrier state.

Schick and Dick tests and artificial methods of immunization against Diphtheria and Scarlet Fever have not been carried out in the district, nor have there been any vaccinations performed by the Medical Officer of Health under the Public Health (Smallpox) Regulations, 1917.

All cases of non-notifiable infectious disease which come to the notice of the Head Teachers are reported to the School Medical Officer and are visited by the School Nurses. Certain cases are visited by the Medical Officer of Health if no private doctor is in attendance.

CLEANSING AND DISINFECTION.

There is no Cleansing Station for verminous persons in the City.

The following are particulars in regard to disinfection of rooms, bedding, etc. :—

<i>Disease.</i>				<i>Rooms.</i>	<i>Bedding.</i>
Scarlet Fever	...	...	...	121	122
Diphtheria ...	...	...	...	76	59
Enteric Fever	...	...	...	1	1
Phthisis ...	...	...	...	8	8
Other Diseases	...	...	...	19	11
				<hr/> 225	<hr/> 201

The whole of the rooms were disinfected by formalin vapour, and the bedding, etc. by steam. The disinfection by steam is carried out at the Isolation Hospital by means of a " Manlove Alliott " High Pressure Steam Disinfector.

In addition, one Hospital Ward, two Schools and a Motor Ambulance were disinfected after infectious disease, and one Tuberculosis Shelter. Fifty-eight Library Books were disinfected, two destroyed, and five retained.

Under Section 56 of the Public Health Acts Amendment Act, 1907 and Section 45 of the Public Act, 1925, the whole of the inflammable articles of a house and a bed-living room of another house, were, by reason of their filthy and verminous condition, removed to the Destructor and destroyed.

SUPPLY OF DISINFECTANTS.

The following report was adopted by the Health Committee.

In view of the recent issue of Circular 909 of the Ministry of Health dealing with the distribution of disinfectants by Local Authorities, I am of opinion that there should be some change in the methods of dealing with disinfectants used in Corporation Departments.

At present all disinfectant fluid and powder is ordered by and charged to the Health Department.

DISINFECTANT FLUID.

The amount of disinfectant fluid ordered during the past three years is as under :—

1925-26	...	...	...	...	400 Gallons.
1926-27	...	...	...	...	400 Do.
1927-28	...	...	...	...	446 Do.

Of these amounts, approximately 40 gallons is delivered at the Hospital and 80 gallons at the Town Hall for use by the Health Department only. The remainder is delivered at the Corporation Yard and of that about 160 gallons is used in the cleansing of the Public Lavatories under the supervision of the Health Department.

This accounts for approximately 280 gallons.

The remainder, amounting to from 120-166 gallons is used by other Departments and its use cannot therefore be supervised by the Health Department.

I am of opinion that

(1) The Health Department should order and pay for the disinfectant fluid used in the Health Department only.

(2) This should be delivered and kept at

(a) The Hospital for Hospital use only.

(b) The Town Hall for routine use in the Department and for use in the cleansing of Public Lavatories.

(3) Disinfectants used by other Departments should be ordered direct by the Head of the Department from the Contractor who is appointed to supply by the Health Committee.

DISINFECTANT POWDER.

As far as I am aware this is used only for sprinkling into ashbins by the dustmen and as they are under the supervision of the Surveyor's Department the disinfectant powder should be ordered and distributed by that Department.

Health Department, (Signed) A. MIDDLETON BROWN, M.D.,
 Town Hall, Hereford, Medical Officer of Health.
 15th December, 1928.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1928.

DISEASE.	TOTAL CASES NOTIFIED.													CASES ADMITTED TO HOSPITAL.													TOTAL DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	Over 65 years	Total	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	Over 65 years	Total	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	Over 65 years	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Scarlet Fever	2	3	9	67	20	11	7	1	1	..	121	2	..	3	46	13	7	5	76	

SCARLET FEVER.

The outbreak of Scarlet Fever referred to in the report for 1927 continued during the first half of 1928. Thereafter the incidence of cases abated and by the end of the year they had reached the normal for the time of the year. The type of the disease continued mild and there were no deaths. A full report on the routine for dealing with the outbreak was given in last year's report. During the year there were 121 cases notified as compared with 124 in 1927.

DIPHTHERIA.

During the first few months of the year, this disease was unduly prevalent in the City, and the type of disease was of a virulent character. A feature of the outbreak was the occurrence of two or more cases in one family in spite of the fact that all contacts had throat brushings taken immediately after the notification of the case. Several of these contacts who gave negative throat brushings, subsequently developed the disease, even after the case had been removed to hospital, and the usual routine disinfection of the room and bedding had been carried out. In spite of the fact that publicity was given to the matter, both in the press and elsewhere, it was frequently found that cases had been ill several days before medical aid was sought and the cases notified. It cannot be too strongly emphasised that delay in dealing with cases of Diphtheria even of ordinary virulence may mean disaster. We have in Diphtheria Antitoxin a curative agent of proved value but its action in controlling the disease and in preventing the serious and often fatal complications is lessened by even a few hours delay in its administration. In order that this Antitoxin may be administered early, a supply of it is available at all times for those who are unable to afford to buy it. It is issued from the Health Department during office hours, and at all other times from the City Police Station. Delay in calling in medical aid in cases of Diphtheria may have very serious results, not only for the patient but also for the public health. There is increasing risk of the disease spreading to contacts, both in the immediate household and elsewhere. Further, the delay means a longer convalescence, a more prolonged stay in the Isolation Hospital where the accommodation is limited so that other cases which would be better treated at hospital cannot be admitted but must be isolated at home with the consequent interference with the family routine. The cost of Antitoxin for a mild case treated in the first or second day of illness is nine shillings and sixpence, whereas serious cases in which treatment is postponed till the third or fourth day require a larger dose of Antitoxin costing four or five times this amount or even more. Thirty-nine cases were notified during the first four months of the year; of these, seven proved fatal. Two deaths occurred in cases treated at home. Five deaths occurred at the Isolation Hospital. These cases were admitted on the 3rd, 4th, 5th and 6th (2) days of illness respectively. The case admitted on the third day of illness was also suffering from Broncho Pneumonia. One of the cases admitted on the

sixth day of illness died from Paralysis of the Diaphragm a month after admission. In all these five cases, the delay in obtaining medical treatment was an important factor in determining the fatal issue. From a review of the features of the outbreak, one fact stands out clearly—that severe and fatal cases of Diphtheria are mainly those in which the treatment by Antitoxin has been delayed beyond the second day of illness and this is usually due to the lack of appreciation on the part of the parents of the necessity for calling in medical aid in all cases of sore throat in children, especially when it is known that Diphtheria is prevalent.

During the year there was one Hospital return case of Diphtheria. The first case was admitted suffering from Nasal Diphtheria and kept in hospital for 10 weeks till a report that the swabs gave a non-virulent culture only was received. The second case was admitted three weeks after the discharge of the first case suffering from Diphtheria of the throat, and another member of the house was found to be a carrier. At the same time the original case failed to give a positive swab of nose or throat.

During the year there were 64 cases notified with 9 deaths as compared with 29 cases in 1927 with 1 death.

In view of this outbreak, reference must be made to the modern methods of conferring immunity to Diphtheria. A full report on this subject has been published by the Medical Research Council in 1927. Briefly, the procedure is as follows:—The patient is first tested by means of an injection to see whether he is immune to the disease. This is known as the Schick Test. If, as a result of this test, the patient is not found to be immune to the disease, injections of a preparation known as Tosoid Antitoxin is given at intervals of seven to ten days. Immunity to the disease does not develop till after three, six or even nine months. Its completion can only be judged by reapplying the Schick Test not later than three months after inoculation when a negative result will indicate successful immunisation. Should there be, however, a further reaction on retesting, the immunity has not been established and a further series of one or more doses of Tosoid Antitoxin should be given, allowing a further three months to elapse before Schick Testing again. It may be stated that in 75-90% of previously susceptible individuals at least in the "City" population, immunisation is complete in three to six months, a small proportion require a second series, and yet fewer a third series before becoming fully protected. There is probably a small percentage—about one per cent.—of individuals persistently resistant to immunisation.

This method of immunisation has been found very effective in closed communities such as schools and institutes, but to be of real Public Health value, it must obviously be carried out on a large scale among the general population, particularly among children who are more likely to be susceptible to Diphtheria than adults. The somewhat long period that must elapse before immunity is established, renders the method of little value in controlling an immediate outbreak of the disease.

OPHTHALMIA NEONATORUM.

No cases were notified during the year.

TUBERCULOSIS.

New Cases and Mortality during 1928.

AGE PERIODS.				NEW CASES.				DEATHS.			
				<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>		<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
				M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	..	..		—	—	—	—	—	—	—	—
1—5 years	..	..		—	—	—	—	—	—	—	—
5—10	..	..		—	—	1	2	1	—	—	—
10—15	..	..		1	—	—	—	1	1	—	—
15—20	..	..		2	—	—	2	—	1	—	—
20—25	..	..		2	1	2	1	—	1	2	1
25—35	..	..		2	2	—	—	2	—	—	—
35—45	..	..		6	—	—	2	2	1	—	—
45—55	..	..		1	2	—	—	—	1	—	—
55—65	..	..		—	—	—	—	2	1	—	—
65 and upwards.				1	—	—	—	—	—	—	—
TOTALS	..			15	5	3	7	8	6	2	1

The ratio of the non-notified Tuberculosis deaths to the total deaths certified as due to Tuberculosis was 2:15.

There were two deaths certified as due to Tuberculosis in non-notified cases. In one case it was understood that the patient had been notified in other areas where she had been living prior to coming to Hereford. In the other case, the diagnosis of Tuberculosis was not definitely established till after death. The cause of death was certified as due to Tubercular Peritonitis, but the condition was found after death to be malignant.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

Enquiries were made and it was ascertained that no person notified as suffering from Tuberculosis was employed in contravention of these Regulations. The attention of all applicants for registration under the Milk and Dairies (Amendment) Act, 1922, is drawn to these regulations.

PUBLIC HEALTH ACT, 1925. SECTION 62.

No orders for the compulsory removal of advanced cases of Tuberculosis have been made. No hospital accommodation is provided by the County Council for such cases.

MATERNITY AND CHILD WELFARE.

NOTIFICATION OF BIRTHS ACT.

Live Births notified:—Males, 204 ; Females, 193 ; Total, 397.	
Still Births notified:—Males, 9 ; Females, 14 ; Total, 23.	
Births notified by Midwives	382
Births notified by Medical Practitioners	17
Births notified by Midwives and Medical Practitioners	20
Births notified by Parent	1

The total number of registered Births during the year was 387. This figure is less than the number of notified births by the number of outward transfers, *i.e.* births in cases where the mother is usually resident outside the City.

INFANTILE MORTALITY.

There were 21 deaths of infants under one year. This is equal to a rate of 54·3 per 1,000 births. The corresponding rate for England and Wales for 1928 was 65.

MATERNAL MORTALITY.

During 1928 there was one maternal death. This was not due to Sepsis. All the maternal deaths are fully investigated by the Medical Officer of Health, and the form issued by the Ministry of Health Maternal Deaths Committee is filled up.

VISITS BY HEALTH VISITORS.

First Visits	397
Second Visits	305
Third Visits	299
Fourth Visits	280
Fifth Visits	80
Sixth Visits	62
Total Visits to infants under 1 year	1,423
Total Visits to children from 1-5 years old	2,835

INFANT FEEDING.

Of the 397 infants visited during the year—

297 or 75% were entirely breast-fed.

28 or 7% were partly breast-fed.

24 or 6% were breast-fed and afterwards bottle-fed.

48 or 12% were entirely bottle-fed.

SUPPLY OF MILK TO NURSING AND EXPECTANT MOTHERS AND CHILDREN.

During the year, 3,787 pints of milk were distributed under the scheme approved by the Ministry of Health. During the last three months of the year, all milk distributed under the scheme has been " Certified " Milk.

MATERNITY AND CHILD WELFARE CENTRE, 135, SAINT OWEN STREET.

The Centre was open for Infant Welfare Work every Wednesday and Thursday afternoons from 2—5 p.m. except during Christmas week.

The Medical Officer attends all sessions and sees all mothers and infants attending for the first time and such other mothers and children as are referred to him by the Health Visitors. Advice is given on Infant Hygiene and management. All infants and children who are found to be suffering from any definite ailment or defect can only be referred for treatment to a private doctor or one of the Institutions for the purpose. The function of the Infant Welfare Centre is educative and preventive and it cannot be too strongly urged that parents must not expect it to exceed its statutory functions.

During the year, 513 mothers made 3741 attendances, The attendances of children under one year numbered 2,438 and over one year 1,958. Parents are urged to bring children between the ages of one year and five years to the Centre as well as the younger infants as it is found that much preventable ill-health in after life dates back from these years of growth.

Of the 513 mothers attending, 80 came from the adjacent rural districts outside the City. These 80 mothers made 363 attendances.

107-infants made 750 attendances for the treatment of Minor Ailments.

I have again to offer my thanks and that of the Committee to the voluntary lady helpers whose devoted work much of the success of the Infant Welfare Centre is due. A nursery is provided at the Centre on the first floor where the elder children may play while their mothers are engaged with the babies. Instruction on Mothercraft is given by the Voluntary Helpers and Health Visitors and Specimens of Work are on view at the Centre.

ANTE-NATAL CLINIC.

The Ante-Natal Clinic is held on the first Tuesday afternoon in each month. The work is carried out by a lady Medical Officer and there is evidence that this part of the City Council's activities is being more appreciated by the mothers but there is still room for more

co-operation on the part of the Midwives particularly in the City and I would take this opportunity of inviting their co-operation which would benefit both themselves and their patients.

At the twelve sessions held during 1928, 45 mothers made 57 attendances.

During 1928, 23 stillbirths were notified and with adequate ante-natal supervision it is reasonable to suppose that some of these might have been prevented.

In accordance with the recommendation of the Minister of Health, notices drawing the attention to the time and place of meeting of the Infant Welfare Centre and Ante-Natal Clinic have been posted in the Post Offices throughout the City.

Similar notices have been posted in some of the Public Institutions.

CITY OF

DEATHS OF RESIDENTS

AGE IN YEARS

CAUSE OF DEATH.							0 to 1	1 to 2	2 to 5	5 to 10
1.	Enteric Fever	..	..	..	..	..	..	..	..	..
2.	Small Pox	..	..	..	..	..	..	..	..	..
3.	Measles	..	..	..	..	..	..	..	..	..
4.	Scarlet Fever	..	..	..	..	..	..	..	..	..
5.	Whooping Cough	..	..	..	..	..	..	..	..	..
6.	Diphtheria	..	..	..	..	..	..	2	1	6
7.	Influenza	..	..	..	..	..	..	..	..	..
8.	Encephalitis Lethargica	..	..	..	..	..	..	..	..	..
9.	Meningococcal Meningitis	..	..	..	..	..	1	..	..	..
10.	Tuberculosis of Respiratory System	..	..	..	..	..	..	..	..	1
11.	Other Tuberculous Diseases	..	..	..	..	..	..	..	1	..
12.	Cancer, Maglignant Disease	..	..	..	..	..	..	..	..	..
	Alimentary	..	..	..	..	..	..	..	..	..
	Bones	..	..	..	..	..	..	..	..	..
	Breast	..	..	..	..	..	..	..	..	..
	Genito Urinary	..	..	..	..	..	..	..	..	..
	Liver	..	..	..	..	..	..	..	..	..
	Lung	..	..	..	..	..	..	..	..	..
	Throat	..	..	..	..	..	..	..	..	..
13.	Rheumatic Fever	..	..	..	..	..	..	..	..	..
14.	Diabetes	..	..	..	..	..	..	..	..	..
15.	Cerebral Hæmorrhage	..	..	..	..	..	..	..	..	..
16.	Heart Disease	..	..	..	..	..	1	..	..	..
17.	Arterio Sclerosis	..	..	..	..	..	..	..	..	..
18.	Bronchitis	..	..	..	..	..	3	..	..	..
19.	Pneumonia (All Forms)	..	..	..	..	..	4	1	..	..
20.	Other Respiratory Diseases	..	..	..	..	..	..	..	..	..
21.	Ulcer of Stomach or Duodenum	..	..	..	..	..	..	..	..	..
22.	Diarrhœa (under two years)	..	..	..	..	..	1	2	..	..
23.	Appendicitis and Typhlitis	..	..	..	..	..	..	..	..	..
24.	Cirrhosis of Liver	..	..	..	..	..	..	..	..	..
25.	Acute and Chronic Nephritis	..	..	..	..	..	..	..	..	..
26.	Puerperal Sepsis	..	..	..	..	..	..	..	..	..
27.	Other Diseases and Accidents of Pregnancy	..	..	..	..	..	..	..	..	..
28.	Congenital Debility and Malformation	..	..	..	..	..	..	..	..	..
	Premature Birth	..	..	..	..	..	6	..	..	..
29.	Suicide	..	..	..	..	..	..	..	..	..
30.	Other Deaths from Violence	..	..	..	..	..	..	..	..	..
31.	Other Defined Causes	..	..	..	..	..	5	..	1	..
32.	Causes ill Defined or Unknown	..	..	..	..	..	..	..	..	..
							21	5	3	7

DM ALL CAUSES, 1928.

15	20	25	35	45	55	65	75	85	Totals.	Ledbury.	Leominster.	Monmouth.		
to	to	to	to	to	to	to	to	and	M	F	Tl.			
20	25	35	45	55	65	75	85	over						
..		
..		
..		
..		
..		
..		
..	I	I	I	3	3	..	5	4	9	I	6	2
..	2	7	9	3	5	I
..
..	I	I	..	..	I
I	2	2	4	I	2	..	..	..	8	7	15	7	7	I
I	2	..	I	..	..	..	..	..	3	2	5	2	3	..
..	I	4	2	..	2	5	7	3	2	2
..	I	..	I	..	..	..	2	2	..	2	..
..	2	..	..	..	..	2	2	..	I	I
..	2	4	3	I	..	6	4	10	3	4	3
..	2	I	5	I	..	3	6	9	4	5	..
..	2	..	..	..	..	2	2	I	I	..
..	I	I	..	..	2	..	2	..	2	..
..
..	I	..	..	I	..	2	I	..	3	2	5	I	3	I
..	3	6	8	8	5	17	13	30	10	12	8
2	..	2	3	9	II	16	15	6	35	3I	66	23	24	19
..	3	2	4	8	I	10	8	18	10	4	4
..	I	2	I	2	2	I	5	7	12	6	4	2
..	..	I	2	I	..	..	I	I	8	5	13	5	5	3
I	I	..	I	..	..	..	3	3	I	2	..
..	I	..	I	..	..	..	I	I	2	..	2	..
..	I	2	3	I	2	..
2	I	..	..	2	I	3	I	I	I
..	I	..	..	..	I	..	I	..	I	..
..	I	..	..	3	I	6	2	..	8	5	13	4	5	4
..
..	I	..	..	..	..	..	..	I	I	I	..	..
..	4	2	6	3	2	I
I	I	I	I	2	..	..	2	4	6	2	I	3
I	..	2	I	I	I	I	I	..	8	I	9	4	3	2
..	..	I	I	5	8	16	18	14	35	35	70	28	24	18
..
9	6	8	17	37	47	76	63	28	171	163	334	124	133	77

REPORT OF THE
SCHOOL MEDICAL OFFICER
for 1928.

Education Committee :

Councillor T. W. GOODWIN, Mayor.

Alderman C. WITTS, *Chairman*.

Alderman G. B. GREENLAND.

Councillor E. F. BULMER.

Alderman A. D. STEEL.

Councillor A. KEAR.

Alderman E. L. WALLIS.

Councillor F. LEWIS SMITH.

Councillor J. R. BULMAN,
M.B., Ch.B.*Nominated Members.*The Ven. the ARCHDEACON OF
HEREFORD.

Revd. A. E. DREW.

Revd. C. W. DE NORMANVILLE.

*Selected Members.*The Very Revd. the DEAN OF
HEREFORD.

Miss M. BULL.

Miss E. KRABBÉ.

Miss S. M. SMITH.

Care Committee :

Councillor T. W. GOODWIN, Mayor.

Alderman E. L. WALLIS, *Chairman*.Councillor J. R. BULMAN,
M.B., Ch. B.

Mrs. L. LILLEY,

Revd. C. W. DE NORMANVILLE.

Mrs. G. MINES.

Mrs. W. G. C. BRITTEN.

Mrs. A. C. MOORE.

Miss M. BULL.

Mrs. NICHOLSON.

Mrs. E. F. BULMER.

Miss S. M. SMITH.

Mrs. JACKSON.

Mrs. TUKE.

Miss E. KRABBÉ.

A. P. WHITEHEAD, M.C., B.A., *Director of Education*.**School Medical Department :***School Medical Officer :* A. MIDDLETON BROWN, M.A., M.D., D.P.H.*School Dental Officer :* W. VOSE DAVIES, L.D.S.*Eye Surgeon :* H. W. BARNES, M.R.C.S. ; L.R.C.P.*School Nurses :* Miss G. CLARKE, Trained Nurse, Cert. R.S.I. (Ministry
of Health) and C.M.B.

,, Miss M. M. SCOURFIELD, Trained Nurse, C.M.B.

,, Miss E. M. TARBUTT, Trained Nurse, Cert. R.S.I. and
C.M.B.*Record Clerk :* Miss D. BURN.*School Attendance Officer :* E. STEPHENS.

Annual Report for the Year 1928.

(1) DUTIES OF THE STAFF.

The general administration of the School Medical Service is carried out by the School Medical Officer who is also Medical Officer of Health for the City and Medical Officer in charge of the Maternity and Child Welfare Scheme; Routine Medical Inspection and the Treatment of Minor Ailments are also carried out by the School Medical Officer.

Dental Inspection and Treatment are carried out by the School Dentist who is employed for six hours every Friday.

An Eye Clinic is held as required at the School Clinic. Here the Eye Surgeon examines and treats cases referred by the School Medical Officer. During 1928 clinics were held on six occasions.

The three School Nurses who devote one half of their time to School work and the other half to Maternity and Child Welfare, attend at the Medical and Dental Inspections at the Schools and at the various clinics. They also inspect the children at the Schools for verminous conditions, and weigh and measure, and carry out preliminary vision tests before the School Medical Officer carries out the Routine Inspections. They are also engaged in "following up" cases referred for treatment at home.

There is a clerk who devotes one half of her time to School work.

(2) CO-ORDINATION.

(a) As the majority of the School Medical Officials are engaged in other health work in the City, co-ordination of the work is complete.

(b) There are no Nursery Schools.

(c) Children up to the age of five years are dealt with under the Council's Maternity and Child Welfare Scheme and may be brought to the Child Welfare Centre.

THE SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOLS.

(3) SCHOOL HYGIENE.

There are eleven Public Elementary Schools, with fifteen departments. All these are inspected under the Local Authority's Scheme. The usual repairs, renovations and painting were carried out during the long summer vacation. At Tupsley School the larger classroom was divided into two by a wood and glass partition. Considerable improvement has been effected at Lord Scudamore's Girls and Infant School by the provision of a footpath from the play-

ground through the grounds of the Victoria Eye Hospital to Eign Street. No steps have yet been taken to provide Medical Inspection Rooms at Lord Scudamore's School to replace the rooms previously provided which were converted into a classroom as reported last year. A new fence to the playground at St. Martin's School has been erected.

ACCOMMODATION AND OVERCROWDING.

The following table shows the number of children on the registers and the accommodation provided in October, 1928 :—

<i>School.</i>	<i>No. on Register.</i>	<i>Accommodation approved.</i>
R.C. Mixed and Infants ...	311	312
All Saints', Infants ...	245	224
Blue Coat, Girls ...	305	420
Holmer C., Infants ...	141	200
Holmer C. of E. Mixed ...	258	294
Lord Scudamore's, Boys ...	224	280
Lord Scudamore's, Girls ...	256	290
Lord Scudamore's, Junior Mixed	311	340
St. James', Infants ...	251	288
St. John's, Boys ...	49	172
St. Martin's, Junior Mixed ..	80	195
St. Owen's, Boys ...	318	400
St. Peter's, Girls ...	139	260
Tupsley C. of E. Mixed and Infants	111	153
	<hr/> 2999	<hr/> 3828

The total accommodation provided is considerably in excess of the number on the rolls and as the average attendance is below the total number on the roll, there is not likely to be any overcrowding in excess of the accommodation approved by the Board of Education. There is, however, a marked variation in the standard of accommodation and the scholastic amenities in the Schools throughout the City.

HEATING AND VENTILATION.

The temperature of every classroom taken by reading a thermometer suspended in the middle of the room is recorded during each morning and afternoon session. The records are in most cases taken with care. Insufficient or excessive heating hinders the teacher and is bad for the scholar. Our newer knowledge of the Science of Ventilation lays most stress on the cooling power of the atmosphere and the ideal environment for teaching is that which comes nearest to open-air conditions in the summer time. The records show that in cold weather, the heating at Saint Martin's School and at Lord Scudamore's Infant School was insufficient, and the attention of the Authority was drawn to this.

SCHOOL FURNITURE.

Most of the Schools are furnished entirely with dual pattern desks, and the remaining obsolete desks are gradually being replaced. The other school furnishings are satisfactory. No case of eye strain from the use of defective black boards has been brought to my notice.

LAVATORIES AND SANITARY CONVENIENCES.

All the Schools are provided with water for drinking and washing from the City Mains. All Sanitary Conveniences are on the water carriage system and with the exception of Tupsley School the drains enter the City Sewerage System. Following the occurrence of two cases of Diphtheria at Saint John's School, the drains of that School were tested and some minor defects found were repaired at once by the Managers.

CLEANLINESS.

There is still room for improvement in the standard of cleanliness in some of the Schools. The structure of some of the buildings makes efficient cleaning difficult. The School windows are all cleaned twice a year, and those in the centre of the City more frequently but the standard of cleanliness should be higher in many cases, both from the point of view of efficient lighting and as an example to the scholars.

ARRANGEMENTS FOR DRYING BOOTS AND CLOTHING.

ARRANGEMENTS FOR WARMING UP AND SERVICE OF MEALS BROUGHT TO SCHOOL BY CHILDREN.

These arrangements were fully described in the report for 1926. In one of the Infant Schools warm malted milk is available at the forenoon interval.

PLAYGROUND ACCOMMODATIONS.

The playgrounds at Saint Owen, Lord Scudamore's and Holmer Infants School were tar-painted during the Summer Vacation and a softer type of chippings was applied which is not so liable to cause injuries to children falling. The surface of several of the playgrounds is unsatisfactory. Pools of water accumulate in wet weather. Physical exercise in the open air can be carried out much more efficiently in a properly surfaced playground. Only five of the Schools are provided with shelters. This means that in the other Schools the children must remain in the school buildings during the morning interval in wet weather.

(4) MEDICAL INSPECTION.

The School Medical Officer visits every school on two occasions in each year for the purpose of the routine medical inspection of children within the prescribed age groups. The first inspection of the "entrant" group takes place after Easter so that children commencing school may be examined as soon as possible after entry. Due notice is sent to the head-teacher, who in turn sends another notice to all parents of children to be examined. The parents are invited to attend and to give certain information as to their child's previous medical history. The weighing, measuring and preliminary eye testing are carried out by the School Nurse prior to the visit of the Medical Officer for routine inspections.

(a) During the year ending 31st December, 1928, 1,096 Medical Inspections of children at the three age groups were made. This number was made up as under:—

	<i>Entrants.</i>	<i>Intermediates.</i>	<i>Leavers.</i>
Boys	205	247	104
Girls	209	208	123
Totals	414	455	227

The corresponding figures for 1927 were:—Entrants, 387; Intermediates, 321; Leavers, 319; Total, 1,027.

(b) There has been no departure from the Board's Schedule of Medical Inspections; the age groups are 5 and 6 years old, 8 years old, and 12 years old and over. Thirty-six children at other ages were presented for routine inspections. These were mostly children who had been admitted from other Schools without a record of previous medical inspections.

(c) STEPS TAKEN TO SECURE THE EARLY ASCERTAINMENT OF CRIPPLING DEFECTS.

A card register is kept of all children of school age who are known to be suffering from crippling defects. Those who attend school are seen there from time to time by the School Medical Officer when he visits for Routine Medical Inspections. The others are kept under observation by the visits of the School Nurses to the homes. Additions to the register are made through information obtained from the teachers at the Routine Medical Inspections, from the School Nurses and from the School Attendance Officer. If crippled children do not attend school, and are not already under Medical Supervision the parents are invited to bring them to the School Clinic for examination, so that appropriate treatment if required can be recommended either by a private doctor or at a Hospital.

(5) FINDINGS OF MEDICAL INSPECTIONS.

Review of the facts disclosed by Medical Inspections.

The following table shows the average heights and weights of the children examined at the three age groups. The numbers examined are small, so too much importance must not be attached to these figures.

ANTHROPOMETRY, 1928.

HEIGHT.

Age in Years.					No. Examined.		Height— <i>inches</i> .	
					Boys.	Girls.	Boys.	Girls.
5	..	..	..	..	179	188	41·6	40·6
8	..	..	..	..	247	208	50	47·7
12	..	..	..	..	99	114	56·9	55·4

WEIGHT.

Age in Years.					No. Examined.		Weight— <i>pounds</i> .	
					Boys.	Girls.	Boys.	Girls.
5	..	..	..	..	179	188	40·5	39·2
8	..	..	..	..	247	208	58·9	52·3
12	..	..	..	..	99	114	73·5	77·6

Compared with 1927 it is noted that the girls are shorter at all ages. There is a marked increase in weight of the eight year old boys and twelve year old girls. Last year 189 children were found to show evidence of sub-normal nutrition as compared with 131 this year.

(a) CLEANLINESS.

It is gratifying to report that the figures for 1928 seem to indicate a further slight general improvement in the cleanliness of the children. At the Routine Inspections made by the School Nurses, the percentage of verminous children set out in the following table are still far from satisfactory.

SCHOOL.	BAD.		MODERATE.		SLIGHT.		TOTAL.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
	%		%		%		%	
All Saints (Infants) ..	Nil.	Nil.	Nil.	4·1	3·3	11·4	3·3	15·6
Blue Coat (Girls) ..	—	1·7	—	0·3	—	12·8	—	14·7
Holmer (Mixed) ..	1·4	2·0	Nil.	16·0	6·5	50·0	7·9	68·0
Holmer (Infants) ..	1·2	1·6	1·2	1·6	16·0	16·0	18·4	19·3
Roman Catholic (Mixed & Infants) ..	0·9	1·8	0·9	9·9	3·6	13·0	5·4	24·8
Scudamore (Boys) ..	Nil.	—	Nil.	—	6·7	—	6·7	—
„ (Girls) ..	—	Nil.	—	2·3	—	20·3	—	22·6
„ (Juniors) ..	Nil.	1·5	1·2	7·7	8·0	25·5	9·2	34·8
St. James (Infants) ..	1·0	7·4	Nil.	0·9	4·5	14·7	5·5	23·0
St. John's (Boys) ..	Nil.	—	Nil.	—	Nil.	—	Nil.	—
St. Martin's (Infants)	6·0	Nil.	Nil.	9·0	6·0	3·0	12·0	12·0
St. Owen's (Boys) ..	2·7	—	Nil.	—	2·7	—	5·5	—
St. Peter's (Girls) ..	—	7·5	—	Nil.	—	32·0	—	39·5
Tupsley (Mixed) ..	Nil.	5·4	2·5	2·7	Nil.	5·4	2·5	13·5

A comparison with the table prepared last year shows that the figure for eleven departments is better, while for three departments it is worse.

Last year, no department showed 50% of verminous heads, this year that figure is exceeded in one department. In one School no verminous heads were found, and in another school and in five other departments no bad cases were found. At Routine Medical Inspections by the School Medical Officer of which parents have due warning, 20 bad cases and 41 moderate cases of verminous conditions were found. The record of many cases of verminous conditions show persistent neglect of attention on the part of the parents or guardians. Written instructions are sent to the parents of all verminous children as to the necessary steps to be taken for cleansing. If no action is taken, the child is re-inspected at the School by the School Medical Officer and excluded if necessary till cleansed.

There is no Cleansing Station provided by the Local Authority.

(b) MINOR AILMENTS.

Children suffering from minor ailments are sent or brought to the Minor Ailment Clinic which is held every morning at the Town Hall. The scope of the term "Minor Ailments" is set out in Table IV. Group I. below and conditions other than these cannot be treated in the scheme provided by the Authority but can only be referred elsewhere for treatment. At Routine Medical Inspections twelve cases of organic heart disease, seventeen cases of functional heart disease, and thirty-seven cases of anæmia were found. There were forty-three cases of Bronchitis.

(c) TONSILS AND ADENOIDS.

One hundred and three children were found to have enlarged tonsils and adenoids, and of these, sixty-one required treatment. Seventy-four children had enlarged tonsils only, the conditions requiring treatment in thirteen cases and a further eleven children had evidence of adenoids. These figures show some increase over those of 1927 and this is likely to be associated with the increased incidence in the City of Scarlet Fever and Diphtheria. Such an increase of catarrhal conditions of the upper respiratory tract may be due in some measure to the increasing tendency for persons to congregate in confined spaces where the risk of spread of infection by the droplet method is increased. The railway train with its well-ventilated compartments, holding not more than ten travellers has been largely replaced by the motor omnibus, carrying thirty or forty travellers in a relatively smaller space while in a higher plane of society the open car is being rapidly replaced by the saloon car, often of the "midget" variety. There is also evidence of neglect of the toilet of the throat and nose.

Children are seldom taught how to blow the nose. Very few are taught to gargle and even the gentlest attempt to examine the throat is often met by violent opposition. All children should be taught at an early age to open the mouth so that a clear view of the back of the throat can enable the parents to see if there is anything likely to be wrong with the child which needs medical attention.

(d) **Tuberculosis.**—There are nine girls and twelve boys in the Register of Notified Cases of Tuberculosis. During the year five cases of Tuberculosis were notified among children of school age—four pulmonary, and one non-pulmonary.

(e) **Skin Diseases**—Twelve cases were found at Routine Medical Inspections—of these, nine were cases of Impetigo. Seven hundred and forty-four cases of skin disease or injury were dealt with as special cases.

(f) **External Eye Disease.**—Fourteen cases of Blepharitis were found at Routine Medical Inspections, and forty-four cases presented themselves at the Minor Ailment Clinic.

(g) **Vision.**—Fifty-five children were found to have defective vision at Routine Medical Inspection. Of these, fourteen were referred as “specials” by teachers or parents. Thirty-seven were recommended to obtain treatment for the defects found and eighteen are being kept under observation. In addition, ten children were found to have Squint, none of these required treatment. One child presented for Routine Medical Inspection had a corneal opacity of old standing.

(h) **Ear Disease and Hearing.**—Forty-two children were found to be so defective in this as to require treatment, while eighteen others are being kept under observation. Running ears and enlarged tonsils and adenoids are frequently associated with defective hearing, and this is frequently notified by teachers who refer such cases either to the Minor Ailment Clinic or to the Routine Medical Inspection at the schools.

(i) **Dental Defects.**—Two thousand and forty-two children were inspected at the schools by the School Dentist in twelve half days devoted to Routine Inspection. Of these, 890 were found to require treatment. This represents a percentage of 43·5 found to require treatment as compared with 41·2 per cent for 1927. At Routine Medical Inspections where the teeth are examined without the aid of a dental mirror it was found that 277 children out of 1,096 had four or more unsound teeth.

During 1928 Routine Dental Inspection has been carried out at 10 departments out of 15.

(j) **Crippling Defects.**—Thirty children are known to be suffering from crippling defects and have been kept under observation throughout the year. These children suffer from paralysis, deformities, and severe heart disease. Three of the children, including one imbecile, do not attend school.

(k) **Vaccination.**—The neglect of vaccination against Smallpox, to which I have referred in previous reports, continues; but the figures for 1928 show a diminution in the numbers of unvaccinated children in the entrant group. The following table gives the percentage of children showing no evidence of previous vaccination at the time of Routine Medical Inspection during the last five years.

		<i>Percentage Unvaccinated.</i>				
		1924	1925	1926	1927	1928
Leavers—Boys	...	58	59	56	62	56
Girls	...	58	48	51	59	63
Intermediate—Boys		52	64	57	72	69
Girls		61	52	62	64	65
Entrants—Boys	...	76	67	74	72	60
Girls	...	77	71	69	77	61

(6) INFECTIOUS DISEASE.

All cases of notifiable Infectious Disease are brought to the notice of the School Medical Officer in his capacity of Medical Officer of Health; so that there is no delay in excluding such cases and their contacts from school. Cases of other infectious diseases are brought to the notice of the School Medical Department by Teachers or School Nurses and by the School Attendance Officer. If no doctor is attending, the cases are visited by the School Nurses. The exclusion from school of all such cases and their contacts is regulated in accordance with the recommendations of the "Memorandum on Closure of and Exclusion from School" issued jointly by the Ministry of Health and the Board of Education in 1927.

Among children attending elementary schools in 1928, 35 cases of Diphtheria (18 boys and 17 girls); 68 cases of Scarlet Fever (19 boys and 49 girls); and 3 cases of Pneumonia (2 boys and 1 girl) were notified.

The epidemic of Scarlet Fever referred to in last year's report, continued during the first four months of 1928.

One case of Whooping Cough, three cases of German Measles, eighteen cases of Mumps and twenty-five cases of Chicken Pox were notified by Head Teachers.

Thirteen cases of notifiable Infectious Disease were found at School Medical Inspection. These were six cases of Scarlet Fever and seven cases of Diphtheria.

(7) FOLLOWING UP.

The parents of children found suffering from Physical Defects at Routine Medical Inspection are informed of this if the defect requires treatment. The report is sent on a form with counterfoils which the parent is asked to have filled up by the doctor or dentist undertaking treatment or recommending treatment through the arrangements made by the Local Authority. After a suitable interval, if the counterfoil is not returned, the child is seen again at the school by the School Nurse and if necessary, visited at home to see if treatment has been carried out. In this connection the School Nurses made 1,017 visits to the homes during the year. The following up of the children who are under observation is accomplished by calling them up from time to time to the School Clinic on Saturday mornings for examination by the School Medical Officer.

(8) MEDICAL TREATMENT.

In the Scheme of Medical Treatment carried out by the Local Education Authority, arrangements are made to deal with children attending the Public Elementary Schools suffering from :—

1. Minor Ailments.
2. Dental Defects.
3. Enlarged Tonsils and Adenoids.
4. Defective Vision and Squint.

No charge is made to the parent for the treatment of Minor Ailments; a small charge varying with the ability of the parents to pay from nothing up to 7/6 per case is made for the treatment of other defects.

(a) **Minor Ailments.**—The Minor Ailment Clinic is open every week-day in the basement of the Town Hall from 9 a.m. The School Medical Officer attends at 9-30 to see all new cases and prescribe the necessary treatment and arrange for exclusion from school if required. He also sees cases in course of treatment from time to time and also at the termination of treatment before returning to school. No attempt is made to treat conditions other than minor ailment conditions. Children suffering from such conditions can only be referred to a private doctor or to the Dispensary, but the Minor Ailment Clinic is also used as a clearing house for cases suffering from the special defects treated by the Authority and from it cases are referred to the various specialist officers. The Minor Ailment Clinic has an educative and preventive function. In 1928 the number of children attending the Clinic was 1,826. These made 10,169 attendances.

(b) **Tonsils and Adenoids.**—One hundred and ten cases were sent for examination by the Ear and Throat Surgeon at the Herefordshire General Hospital. Of these, 102 were recommended for operation. Seventy-six were operated on at the Hospital under the

Local Authority's Scheme and sixteen were operated on by private practitioners or at the Hospital apart from the Scheme. Six cases received other forms of treatment. All cases operated on under the Scheme are retained at hospital for a day or two and thereafter are visited at their homes by the School Nurses. Instruction as to after-treatment and also to the importance of re-educating the breathing by systematic breathing exercise is given to all parents of children operated on for this condition under the Scheme. All the children are seen by the School Medical Officer at the School Clinic before their return to school.

(c) **Tuberculosis.**—All school children who are notified as suffering from Tuberculosis are kept under observation by the County Tuberculosis Officer. Children suspected of suffering from this disease are referred to him for examination and report. Two girls suffering from Tuberculosis, one pulmonary and one non-pulmonary were admitted to the County Sanatorium during the year and seven others (4 boys and 3 girls) were admitted for observation.

(d) **Skin Diseases.**—Apart from cuts, bruises and burns, many of which are septic before attending the Minor Ailment Clinic the majority of cases of skin diseases are cases of Impetigo, many of which are due to lack of personal cleanliness. Fifty-eight cases of Impetigo were treated during the year. There were twenty cases of Ringworm of the Head and twenty-two cases of Ringworm of the Body treated at the Clinic by local applications. There are no arrangements made by the Authority for the X-Ray treatment of Ringworm.

(e) **External Eye Disease.**—Fifty-four cases were treated at the Minor Ailment Clinic. These were mainly cases of Blepharitis and Stye. Such cases are often found to be associated with defective vision and the opportunity to test vision is taken on completion of treatment and if necessary the child is referred to the Eye Surgeon for refraction.

(f) **Vision.**—Fifty-four children were submitted to the Eye Surgeon at the Eye Clinic for errors of refraction or Squint and five were treated privately. Spectacles were prescribed for forty-eight children and forty-four children obtained spectacles through the Authority's scheme. The spectacles provided by the Authority are of a standard pattern which has been found most suitable for the cases, but in spite of this it is often found that parents obtain at a higher cost frames of a different and less suitable type. It is frequently found that a child suffering from astigmatism or an error in two meridians of the eye is given round lenses which are much more likely to shift in the frames than the oval lenses supplied as a standard.

(g) **Ear Disease and Hearing.**—Thirty children received treatment at the Minor Ailment Clinic for otorrhœa or wax plugs. Cases of defective hearing found at the schools are sent to the Minor Ailment Clinic where they can be fully investigated by means of examination in the dark by the Auroscope.

(h) **Dental Defects.**—Dental Treatment is carried out by the School Dentist every Friday. During the year he devoted seventy-one half days to treatment when he treated six hundred and fifty-four children. One hundred and eighty-six children were re-treated as a result of periodical examinations. Details of the work are set out in the Tables below. More work could be done if more of the Dentist's time were available for the work of the City Authority. It has still to be recorded that many parents do not avail themselves of this important branch of the treatment scheme of the Authority. Two hundred and twenty-six parents stated that they did not desire the treatment recommended by the School Dentist to be carried out and their children suffered thereby.

(i) **Crippling Defects and Orthopædics.**—Children suffering from crippling defects requiring orthopædic treatment are referred either to the Orthopædic Wards of the Herefordshire General Hospital or to the British Red Cross Orthopædic Clinic which is held at the Old Gaol. Three Orthopædic cases—1 girl and 2 boys—were admitted to the Shropshire Orthopædic Hospital and the Local Education Authority paid part of the cost of treatment.

(9) OPEN-AIR EDUCATION.

Physical exercises are held in the School Playgrounds in fine weather, and in the summer-time some of the classes are held in the open air. Instruction in horticulture and nature study in the open air is given in most of the schools. There are no School Camps, Open-air Classrooms, Day Open-air Schools or Residential Open-air Schools in the City.

(10) PHYSICAL TRAINING.

This is organised as part of the ordinary class teaching. There is no Area Organiser for Physical Training although such an appointment has already been recommended and considered by the Authority chiefly with a view to providing additional specialised physical training to the children who suffer from certain definite defects or mal-developments and also to the large number of children of sub-normal physique. There were one hundred and thirty-one children found at Routine Medical Inspection to be of sub-normal physique and many, if not all of these are likely to benefit from specialised physical exercises. The School Medical Officer regulates the attendance at physical drill of such children who suffer from defects which might be aggravated by physical exercises.

(11) PROVISION OF MEALS.

No action has been taken by the Authority during the year under the Provision of Meals Acts, 1906-14.

(12) SCHOOL BATHS.

There are no school baths. The Public Swimming Baths were closed in August, 1927 and the new baths which are being built in Edgar Street are not likely to be completed before the middle of 1929.

The want of baths made instruction in swimming difficult during 1928. Land instruction was given in evenings in the summer in Scudamore Schools. Swimming lessons were also given at the Corporation Bathing Station on the River Wye at Bartonsham. Certificates for proficiency in swimming were gained by twelve girls. These tests were carried out at the Leominster Open-air Baths. Instruction in swimming is carried out under the supervision of Mr. E. Stephens, the School Attendance Officer assisted by Miss J. Young.

(13) CO-OPERATION OF PARENTS.

Much of the success of the School Medical Service depends on this, and as the years go by, it is found that the parents are taking an increasing interest in the work. But I have still to record with regret the absence of many parents from the Routine Medical Inspection of their children at the Schools. A child whose parent is present is much more likely to derive more benefit, as the School Medical Officer can obtain information from the parent as to the child's previous medical history and general health which it is impossible to find out by the physical examination which can be carried out in the time allotted to each child. The majority of the Routine Medical Inspections at the schools are carried out in afternoon sessions so that the parents may be encouraged to attend when household duties are less likely to prevent them.

One thousand and ninety-six children were examined at the schools but in only four hundred and seventy-nine cases were the parents or guardians present. Other relatives attended the inspection of one hundred and sixty-five children.

In many cases the children are sent unaccompanied by a parent or other responsible adult to the Minor Ailment Clinic. Children so attending for the first time should always be accompanied by some responsible person preferably a parent who can give some history of the ailment and take such instructions as to how to deal with it as may be given. The educative and preventive side of the Minor Ailments Clinic is not always understood and by many parents it is looked on as a substitute for the private doctor or the Dispensary. Conditions other than minor ailments cannot be dealt with and in such other cases the only advice that can be given is to call in a private doctor or to take the child to the Dispensary.

(14) CO-OPERATION OF TEACHERS.

1. The Teachers assist in the preparation of children for medical inspection, draw the attention of the Medical Officer to children who are referred to as "specials" and send out cards to parents announcing the time and date of the proposed medical inspection of their children.

2. Assistance in "following up" is given especially in seeing that children wear spectacles while in school when these have been provided. Co-operation in regard to cleanliness has yielded satisfactory results in some of the schools.

3. The attendance at the Minor Ailment Clinic of children who are attending school is facilitated by the teachers sending the children to the Clinic after they have been marked present for the morning session.

(15) CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICER.

There is only one School Attendance Officer who is in daily close personal touch with the School Medical Department. In times when infectious disease is prevalent in the schools, he reports "suspicious cases" amongst absent school children to the School Medical Officer.

The usual notices of children excluded from or re-admitted to school by the School Medical Officer are sent through him to the School Attendance Committee.

(16) CO-OPERATION OF VOLUNTARY BODIES.

The work of the School Medical Department is directed by the Care Committee which consists partly of elected members of the City Council and partly of co-opted members specially qualified for the work. The members of the Committee visit the Schools from time to time to see that their recommendations are carried out.

They also assist in the "following up" of cases when parents are dilatory in carrying out treatment or in cases of children suffering from mental or physical defects where the parents are unwilling to take advantage of the facilities for treatment, etc. offered by the Authority.

There is also close co-operation with the Society for the Prevention of Cruelty to Children and with the Local Municipal Distress Committee. This latter Committee deals with children whose parents are too poor to provide such necessities as footgear or other clothing in inclement weather. Cases requiring assistance are also referred to the various charities administered by the Religious Bodies and in the case of children of ex-servicemen to the Local Representative of the Ministry of Pensions.

(17) BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

Such children are brought to the notice of the School Medical Officer by the Head Teachers, School Nurses and School Attendance Officer. Particulars of these are set out in Table III below.

Form 41, D. of the Board of Education is furnished by the Head Teachers in respect of every child who is two or more years mentally retarded and by means of Stanford Revision Tests, these children are separated into the Dull and Backward Group and Mentally Defective Group. The Mentally and Physically Defective children are reported to the Authority with a recommendation as to what action should be taken.

As there is no Special School or Class in the Area for such defective children, they must be sent away from Hereford as and when suitable vacancies are found, provided the consent of the parent is obtained; otherwise they are allowed to remain at the Elementary Schools, if circumstances permit, when they are often a hindrance to the ordinary school work.

During 1928 no children were placed in Special Schools.

(18, 19 and 20).

There are no Nursery Schools. The Secondary and Continuation Schools are under the control of the County Education Authority.

(21) EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

1. This is regulated by Bye Laws which have been in force since 1st January, 1921. At the end of 1928 there were nineteen boys and two girls on the register of employed school children kept by the Authority. Two Medical Certificates under Article 5 (a) of the Bye Laws were issued during the year.

2. A confidential Medical Report based on the latest available Routine Medical Inspection is furnished by the School Medical Officer on the labour card of each "leaver" child for the information of the Juvenile Employment Committee. The School Medical Officer attends the meetings of this Committee in an advisory capacity.

3. No case of injury to health or physical development occasioned by employment of school children has been noted during the year.

(22).

The School Medical Officer has continued to fill up the Schedules sent out by the Board of Education's Committee on Enlarged Tonsils and Adenoids after examination of such children as are still available.

TABLE I,
RETURN OF MEDICAL INSPECTIONS, 1928.

A.—Routine Inspections.

NUMBER OF CODE GROUP INSPECTIONS—

Entrants	...	...	...	...	...	414
Intermediates	...	...	...	...	...	455
Leavers	...	...	...	...	..	227
					Total	...
						<u>1,096</u>

NUMBER OF OTHER ROUTINE INSPECTIONS—

B.—Other Inspections

Number of Special Inspections	...	...	1,826
Number of Re-Inspections	...	...	1,579
		Total	...
			<u><u>3,405</u></u>

MEDICAL INSPECTION RETURNS.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1928.

DEFECT OR DISEASE.				ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
				No. of Defects.		No. of Defects.	
				Requiring Treat- ment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treat- ment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)				(2)	(3)	(4)	(5)
Malnutrition				6	125	—	—
Uncleanliness				20	41	—	—
(See Table IV., Group V.)							
Skin	Ringworm :						
	Scalp			—	—	23	—
	Body			—	—	22	—
	Scabies			—	—	1	—
	Impetigo			9	—	59	—
	Other Diseases (Non-Tuber- culous			3	—	639	—
Eye	Blepharitis			14	—	44	—
	Conjunctivitis			—	—	—	—
	Keratitis			—	—	—	—
	Corneal Opacities			—	1	—	—
	Defective Vision (excluding Squint)			24	17	13	1
	Squint			9	1	—	—
	Other Conditions			—	—	—	—
Ear	Defective Hearing			4	12	36	—
	Otitis Media			1	5	1	—
	Other Ear Diseases			—	1	—	—
Nose and Throat	Enlarged Tonsils only			13	60	1	—
	Adenoids only			4	7	—	—
	Enlarged Tonsils and Ade- noids			59	41	2	1
	Other Conditions			2	—	—	—
Enlarged Cervical Glands (Non- Tuberculous)				8	88	—	—
Defective Speech				1	2	—	—
Teeth—Dental Diseases (<i>see note a</i>) .. (See Table IV., Group IV.)				277	391	—	3
Heart and Circu- lation	Heart Disease :						
	Organic			6	6	—	—
	Functional			1	14	1	1
Lungs	Anæmia			5	30	—	2
	Bronchitis			3	40	—	—
	Other Non-Tuberculous Diseases			—	—	—	—

Tuber- culosis	{	Pulmonary :							
		Definite				—	—	—	—
		Suspected				—	I	—	I
		Non-Pulmonary :							
		Glands.. ..				I	—	—	—
		Spine				—	—	—	—
		Hip				—	—	—	—
		Other Bones & Joints				—	—	—	—
Nervous System	{	Skin				—	—	—	—
		Other Forms.. ..				—	—	—	—
		Epilepsy				I	—	I	—
		Chorea				3	—	—	—
		Other Conditions				—	—	—	—
		Rickets				—	12	—	—
		Spinal Curvature .. ..				..	3	—	—
		Other Forms				2	7	—	—
Other Defects and Diseases					6	5	986	I	

B. NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :—			
Entrants	414	76	18·
Intermediates	455	70	15·3
Leavers	227	26	11·
Total (Code Groups)	1096	172	15·7
Other Routine Inspections ..	36	7	19

Table III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
Blind (including Partially Blind).	(1)— Suitable for training in a School or Class for the Totally Blind	Attending Certified Schools or Classes for the Blind	..	..	..
		Attending Public Elementary Schools	..	..	..
		At other Institutions ..	..	..	..
		At no School or Institution	..	..	..
	(2)— Suitable for training in a School or Class for the Partially Blind	Attending Certified Schools or Classes for the Blind	..	..	..
		Attending Public Elementary Schools	4	1	5
		At other Institutions ..	..	..	..
		At no School or Institution	..	1	1
Deaf (including Deaf and Dumb and Partially Deaf).	(1)— Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb	Attending Certified Schools or Classes for the Deaf	..	..	..
		Attending Public Elementary Schools	1	..	1
		At other Institutions ..	..	..	..
		At no School or Institution	..	..	..
	(2)— Suitable for training in a School or Class for the Partially Deaf	Attending Certified Schools or Classes for the Deaf	..	..	..
		Attending Public Elementary Schools	..	1	1
		At other Institutions ..	..	..	..
		At no School or Institution	..	..	..

	Infectious Pulmonary and Glandular Tuberculosis		At Sanatoria or Sanatorium approved by the Ministry of Health or Board	Boys	Girls	Total
Physically Defectives.	Non-Infective but active Pulmonary or Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or Board	..	..	..	..
		
		
			..	5	9	14
	Delicate children (pre or latent Tuberculosis, Malnutrition, Debility, Anaemia, etc.	At Certified Residential Open-air Schools	..	..	..	..
		
			..	75	51	125
	Active Non-Pulmonary Tuberculosis	At Sanatoria or Hospital approved by the Ministry of Health or Board	..	..	..	..
		
		
		
Crippled children (other than those with Tuberculous Disease— <i>e.g.</i> Children suffering from Paralysis and including those with severe heart disease)		At Certified Hospital Schools	..	..	..	..
		
		
			..	15	12	27
		
			..	2	1	3

TABLE IV.
TREATMENT OF DEFECTS OF CHILDREN DURING 1928.
GROUP I.

A.—TREATMENT OF MINOR AILMENTS.

<i>Disease or Defect.</i>	NUMBER OF CHILDREN.			
	<i>Referred for Treat- ment.</i>	TREATED.		
		<i>Under Local Authority's Scheme.</i>	<i>Other- wise.</i>	<i>Total.</i>
SKIN—				
Ringworm—Head	23	20	3	23
Ringworm—Body	22	22	—	22
Scabies	1	—	1	1
Impetigo	59	58	1	59
Minor Injuries	316	308	8	316
Other Skin Diseases	629	611	12	623
EAR DISEASE	35	30	5	35
EYE DISEASE (external and other) ..	61	54	5	59
MISCELLANEOUS	670	222	417	639

GROUP II.

DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments).

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at a Hospital apart from the Authority's Scheme.</i>	<i>Other- wise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ..	54	5	—	59

Total Number of children for whom spectacles were prescribed	48
(a) Under the Authority's Scheme	45
(b) Otherwise	3
Total number of children who obtained spectacles	44
(a) Under the Authority's Scheme	41
(b) Otherwise	3

GROUP III.
ENLARGED TONSILS AND ADENOIDS.
NUMBER OF DEFECTS.

RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total.
<i>Under the Authority's Scheme</i>	<i>By Private Practitioner or Hospital apart from the Authority's Scheme.</i>	<i>Total.</i>		
(1)	(2)	(3)	(4)	(5)
77	16	93	6	99

GROUP IV.
DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist—

Age 5	..	181	Total	1939
„ 6	..	183					
„ 7	..	251					
„ 8	..	243					
„ 9	..	184					
„ 10	..	193					
„ 11	..	182					
„ 12	..	204					
„ 13	..	195					
„ 14	..	123					
Specials	103
Grand Total							2042
b) Found to require treatment	890
c) Actually treated	654
d) Re-treated during the year as the result of periodical inspection	186

(2) Half-days devoted to—

Inspection	12	Total	..	83
Treatment	71			

(3) Attendances made by Children for treatment 1,371

(4) Fillings—

Permanent Teeth	539	Total	..	543
Temporary	3			

(5) Extractions—

Permanent Teeth	40	Total	..	498
Temporary	455			

(6) Administrations of general anaesthetics for extractions—

Nil.

(7) Other Operations—

Permanent Teeth	487	Total	..	527
Temporary	40			

GROUP V.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

1.	Average number of visits per school made during the year by the School Nurses	3'7
2.	Total number of examinations in the school by the School Nurses—	
	Individuals	2,953
	Total Inspections	10,105
3.	Number of children found unclean	427
4.	Number of children cleansed under arrangements made by the Local Authority	Nil.
5.	Number of cases in which Legal Proceedings were taken—	
	(a) Under the Education Act	Nil.
	(b) Under the School Attendance Bye-Laws	Nil.

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